2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2008 08:00 AM Secretary of State

ANNUAL REPORT					13, 20		
DOCUMENT # K01119 1. Entity Name LELAND PLUMBING CONTRACTORS, INC.			` •		Secreta	ary of State	
Principal Place of Business % EUGENE J. MALDONY 6460 5TH AVE S. ST. PETERSBURG, FL 33707	Mailing Address % EUGENE J. MALDONY 6460 5TH AVE S. ST. PETERSBURG, FL 33707				1000 1000 1000 1000	. C. I.	
DO NOT WRITE	IN THIS SPA	CE	02052008 4. FEI Numb 59-285	No Chg-P	CR2E034 (*	, 51411 21211021111021	
			5. Certificate	of Status Desired		Required	
6. Name and Address of Current Re MALDONY, EUGENE J. 6464 EMERSON AVE S. ST. PETERSBURG, FL 33707	gistered Agent	,		NOT W	•		
8. The above named entity submits this statement for the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and file. FILE NOW!!! FEE IS \$150.00	ulle if applicable. (NOTE: Register) 9. Election Campaign Fina	nd Agent signature require		th, in the State of Fic	orida. I am Iamili DATE	ar with, and accept	
After May 1, 2008 Fee will be \$550.00			ued to Fees				
10. OFFICERS AND DI INTLE D NAME MALDONY, EUGENE J. STREET ADDRESS 6464 EMERSON AVE S. CITY-SI-ZIP ST. PETERSBURG, FL	RECTORS	,			, , , ,		
TITLE NAME STREET ADDRESS CITY-S1-ZIP		 - -	/ « i		00825781 8-80023-	006 150.00	
NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-2IP			'IN	THIS SF	'ACE		
NAME CONTEX ADDRESS							

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

02/10/08

Dale

727-381-1111

Daytime Phone #